

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 786499
IA NUMBER: PCT/ GB99 / 02715
FAMILY NAME: HOBSON
GIVEN NAME: MICHAEL
PRIORITY CLAIMED (Y/N): Y
NO BASIC FEE (Y/N): N
ATTORNEY DOCKET NUMBER: GJE-0004
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 8602862929
NAME: CANTOR COLBURN
STREET: 55 GRFFIN ROAD SOUTH
CITY: BLOOMFIELD
STATE/COUNTRY: CT ZIP: 06002
EMAIL:
APPLICATION TITLES:
SIGNAL PROCESSING

RECEIPT DATE: 03 / 02 / 01
IA FILING DATE: 08 / 20 / 99
DELAY WAIVED (Y/N): Y
DEMAND RECEIVED (Y/N): Y
PRIORITY DATE: 09 / 03 / 98
US DESIGNATED ONLY (Y/N): N
COUNTRY:

TAB TO LAST POSITION, PUSH SEND



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CONFIRMATION NO. 1435

Bib Data Sheet

SERIAL NUMBER 09/786,499	FILING DATE 03/02/2001 RULE	CLASS 708	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. GJE-0004
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APPLICANTS

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**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/GB99/02715 08/20/1999

**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) 98307088.9 09/03/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

ADDRESS

23413

TITLE

Signal processing

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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